

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH
OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH**

**APPLICATION FOR CERTIFICATION AS A COMPETENT PERSON UNDER
SUBPART D.2 OF RI RULES AND REGULATIONS FOR ASBESTOS CONTROL**

1. **TYPE OF APPLICATION:** Initial Renewal Amendment

If Renewal or Amendment, current certificate number: ACP - _____

2. APPLICANT:

Name: _____ Social Security No: _____

Facility: _____

Street: _____ Telephone No.: _____

City/Town: _____ State: _____ Zip: _____

3. COMPETENT PERSON CATEGORY: (Check ONE Item Only)

- Designated by Public Official
 Undesignated – Public Agency
 Designated by Private Facility
 Incidental to Primary Trade (Plumber, Oil Burner Repair, etc.)
 Other (Specify) _____
-

4. RESPONSIBILITIES:

A. For “Designated by Public Official” or Designated by Private Facility” category, indicate name and title of official making the designation, as well as the building(s) in which the applicant is responsible for any asbestos related activity.

B. For “Public Agency – Undesignated “ category, indicate the basis for requesting said designation, as well as the building(s) for which said application is being made.

C. For “Incidental to Primary Trade” or “Other” category, indicate the applicant’s primary trade and the nature of asbestos related activity that the applicant proposes to engage in. If specific building(s) and/or types of buildings are known, they should also be identified.

5. DOCUMENTATION OF REQUIRED TRAINING:

For initial applications, attach original or certified copy of certificate(s) indication successful completion of an Agency approved fourteen hour Competent Person training course. Renewal applications should only include original or certified copies of any annual review training course(s) not already on file with the Agency.

6. OTHER LICENSES/CERTIFICATIONS/AUTHORIZATIONS IN RHODE ISLAND:

Indicate all other asbestos related licenses, certifications and/or authorizations (including license/certificate/authorization number) currently held by the applicant. Attach copies of all such licenses, certifications, and/or authorizations.

7. ENFORCEMENT ACTIONS:

- A. Has any federal, state or local jurisdiction ever revoked or suspended any asbestos related license, certification and/or authorization held by the applicant?

If yes, attach details.

- B. Does any federal, state or local jurisdiction have outstanding enforcement action(s) against the applicant?

() Yes

() No

If yes, attach details.

8. CERTIFICATE: (This item must be completed by applicant)

I certify that I have read and understand the Rhode Island Rules and Regulations for Asbestos Control. I further certify that this application is prepared in conformity with the Rhode Island Rules and Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief. I further certify that any asbestos related license, certificate or other authorization held by myself has not been suspended or revoked by any federal state or local jurisdiction except as noted in Item 7.

By: _____ Date: _____
(Signature)

Completed application (no fee required) and two (2) full-face color photographs (not larger than one and one-quarter (1.25) inches high by one (1) inch wide) should be submitted to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill, Room 206
Providence RI 02908
(401) 222-3601**